

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN2117AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2011
NAME OF PROVIDER OR SUPPLIER EMERITUS AT THE SEASONS		STREET ADDRESS, CITY, STATE, ZIP CODE 5165 SUMMIT RIDGE CT RENO, NV 89523		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 1/18/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for 120 Residential Facility for Group beds, Category II: 79 for elderly and disabled persons, 11 beds which provide assisted living services and 30 beds for persons with Alzheimer's disease. The census at the time of the survey was 58. Fifteen resident files were reviewed and 15 employee files were reviewed. One discharged resident file was reviewed.</p> <p>The facility received a grade of B.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 105 SS=D	<p>449.200(1)(f) Personnel File - Background Check</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.</p> <p>This Regulation is not met as evidenced by:</p>	Y 105		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 105	Continued From page 1 Based on record review on 1/18/11, the facility failed to ensure 1 of 15 employees met background check requirements of NRS 449.176 to 449.188 (Employee #12). Severity: 2 Scope: 1	Y 105			
Y 255 SS=F	449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division. This Regulation is not met as evidenced by: Based on observation, interview and record review on 1/18/11, the facility failed to ensure the kitchen complied with the standards of NAC 446. Findings include: 1 Critical Violations: a. A package of ready-to-eat light tuna fish was found spoiled in the dry storage room. A tear in the package exposed the tuna fish to room	Y 255			

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Y 255	Continued From page 2 temperature for approximately six days. 2. Cleaning and Sanitation Issues: a. A 'ziplock baggy' of cooked chicken was not properly labeled in the walk-in refrigerator. b. The ice scoop was not properly stored. c. The following food contact surfaces were soiled with food and kitchen debris: the deli slicer blade sharpening area, multiple white cutting boards, and the rim around the ice machine where the door seals. d. The following non-food contact surfaces were soiled with food, dust, and kitchen debris: the shelving units above the food preparation table in the back of the kitchen and the food/dish carts located in the dry storage room. e. The floor sink for the dishwashing machine was not properly draining because of the drain pipe placement. f. A kitchen handwashing sink, located near the walk-in refrigerator, was not properly draining. g. Multiple air vents, ceiling tiles, and wall junctures were soiled with dust, dirt, and debris throughout the kitchen and dry storage room. Severity 2: Scope: 3	Y 255			
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this	Y 878			

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Y1035	Continued From page 4 (1) Within the first 40 hours that such an employee works at the facility after he is initially employed at the facility, at least 2 hours of training in providing care, including emergency care, to a resident with any form of dementia, including, without limitation, Alzheimer's disease, and providing support for the members of the resident's family. This Regulation is not met as evidenced by: Based on record review on 1/18/11, the facility failed to ensure that a minimum of 2 hours of training related to the care of persons with dementia was received within the first 40 hours of work by 3 of 15 employees (Employees #4, #6 and #10). Severity: 2 Scope: 1	Y1035			
Y1036 SS=D	449.2768(1)(a)(2) Dementia Training 449.2768 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes: (2) In addition to the training requirements set forth in subparagraph (1), within 3 months after such an employee is initially employed at the facility, at least 8 hours of training in providing care to a resident with any form of dementia,	Y1036			

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Y1036	<p>Continued From page 5</p> <p>including, without limitation, Alzheimer's disease.</p> <p>This Regulation is not met as evidenced by: Based on record review on 1/18/11, the facility failed to ensure that a minimum of 8 hours of training related to the care of residents diagnosed with Alzheimer's was received within 90 days of hire by 3 of 15 caregivers (Employee #4, #6 and #10).</p> <p>This was a repeat deficiency from the 1/19/10 State Licensure survey.</p> <p>Severity: 2 Scope: 1</p>	Y1036			

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